

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-020929

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 101

FILED JUN 3 1963

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, give TOWNSHIP only) Hayti		c. CITY OR TOWN Caruthersville	
Length of stay in lb 10 days		Inside Limits Yes No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pemiscot Memorial Hosp		d. STREET ADDRESS (If outside, give location) 202 E. 14th Street	
3. NAME OF DECEASED (Type or print) Jettie Myrtle Anderson		4. DATE OF DEATH Month May Day 18 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/16/08
9. AGE (last birthday) 54		10. IF UNDER 1 YEAR Months 11 Days 2	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory Worker		10b. KIND OF BUSINESS OR INDUSTRY Shoe Factory	
11. BIRTHPLACE (City and state or country) Caruthersville, Mo. U.S.A.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME George Anderson		13b. MOTHER'S MAIDEN NAME Maggie L. Ray	
14. NAME OF HUSBAND OR WIFE NONE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Pemiscot Mem. Hosp Hayti, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Atrial Fibrillation DUE TO (b) Rheumatic Fever DUE TO (c) [REDACTED]		INTERVAL BETWEEN ONSET AND DEATH 34 years 34 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bronchopneumonia		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour [REDACTED] a.m. [REDACTED] p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Caruthersville, Mo.		20g. COUNTY Caruthersville, Mo.	
20h. STATE Mo.		21. I attended the deceased from May 6 1963 to May 18 1963 and last saw her alive on May 17 10 PM Death occurred at 5:12 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) James C. Blumhardt, M.D.		22b. ADDRESS Caruthersville, Mo.	
22c. DATE SIGNED 5-20-63		22d. DATE SIGNED 5-20-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/20/63	
23c. NAME OF CEMETERY OR CREMATORY Little Prairie		23d. LOCATION (City, town, or county) (State) Caruthersville, Mo.	
24. FUNERAL DIRECTOR LaForge Untkg Co Caruthersville, Mo.		25. DATE RECD. BY LOCAL REG. 5-23-63	
26. REGISTRAR'S SIGNATURE Charlotte E. Sloan		27. REGISTRAR'S SIGNATURE Charlotte E. Sloan	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 13 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

John E. Seane

Licensed Embalmer No.

3941

P. O. Address

Countryside, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.